



Civil Aviation Authority of Fiji
APPLICATION TO BECOME A GROUND HANDLING SERVICE PROVIDER

Form
SF 102E

Please read carefully before filling in the form.

- If you wish to be certified as a Ground Handling Service Provider

You should fill in this form.

- Please print clearly in black/Blue ink
- Please the relevant boxes.

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- Have you applied for certification before? Yes No
If **Yes**, please give details including allocated number, on a separate sheet.
 - Are you a registered company? Yes No
If **Yes**, please complete Part A. If **No**, please complete Part B (overleaf).

PART A

Company Name		
Registration No		
Trading as		
VAT Reg No.		
Registered Office Address		
	Postcode	
Telephone No.		Fax No.

***Please attach an address list of all premises where you operate from.**

How many staff do you employ in your company for AVSEC operational duties? i.e. acceptance, preparation, packing & delivery.

0-25 26-50 51-75 76-100 100+

Does any member of your company have any criminal convictions? Yes No
If **Yes** please attach full details on a separate sheet

➔ Now go to Part B

PART B

Are you?

(a) a sole proprietor

Full name

Trading as

or **(b)** a partnership or association

Full names of all partners or associates

Continued on a separate sheet ...

Trading as

For **(a)** or **(b)**

VAT Reg No.

Address of principal office

Postcode

Telephone No. <input type="text"/>	Fax No. <input type="text"/>
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***Please attach an address list of all premises where you operate from.**

How many staff do you employ in your company for AVSEC operational duties?

0-25 26-50 51-75 76-100 100+

Does any member of your company have any criminal convictions? Yes No

If **Yes** please attach full details on a separate sheet

➔ Now go to Part C

PART C

Please give details of the individual in your company who will officially accept any written or verbal communication from the Authority relating to aviation security business.

Name

Position in Company

Official address

Postcode

Telephone No.

Fax No.

PART D  **Now please sign and date the form**

I declare that the information I have given is, to the best of my knowledge true and correct.

Signed

Dated

Name
(CAPITAL
LETTERS)

Position in
Company

Now return the completed application form together with the following:

- Ground Handling Service Provider Security Programme
- Aircraft Maintenance Organisation Certificate
- Quality Assurance System and Safety Management System
- Copy of Air Operator's Certificate if applicable

then send it to:

**Controller
Aviation Safety & Security
Civil Aviation Authority of Fiji
Private Mail Bag
Nadi Airport**

For Office Use Only

Date application received

New application? Yes No

Re-application after refusal? Yes No

Renewal Yes No

Date sent to CAAF

Date received at CAAF

Date of listing

Allocated Number

Date of renewal

Date application refused

Reason for refusal

Date refusal notified to applicant